

## **2005 Nevada Conferences on Aging Solutions Forums of the White House Conference on Aging**

In the decade from 1990 – 2000, Nevada ranked first among states nationwide in the percentage increase of its population age 65 and older with a 72% increase. During that same time, the number of people 85 and older grew by 128%. Because the rate of change has not diminished in the five years since the last census, the state is working to solve the challenges it faces with such a rapidly growing aging population.

Nevada is the only state to have a 10-year plan, the Nevada Strategic Plan for Senior Services, which was adopted by the state legislature in 2003. Accomplishments to date include funding at the state level for increased home and community based services, expansion of the Senior Rx program, establishment of Disability Rx, funding for a senior dental program, a new funding pool for development of affordable assisted living, a 211 telephone program for information and referrals for seniors, initiatives for self-directed care for seniors, a single point of entry system (Nevada Care Connection), and the licensure of non-medical home care agencies.

Because of the large geographic area covered by the state, which includes less than a handful of urban centers and many rural communities, two major solutions forums were held at each end of the state to reach as many seniors, senior organizations, senior service providers, and Baby Boomers as possible. Several pre-conference listening sessions were held in various locations in preparation for the solutions forums.

We are including here the top four solutions proposed at each solutions forum. Of equal value to our recommended solutions is the inclusion at the end of the report of six model programs that are highly successful in Nevada. Because we received exciting testimony about these programs, we felt they may stimulate interest in other communities throughout the country. They are solutions that work.

### **Southern Nevada Forum – Top 4 Recommended Solutions**

#### **1. Shift to Community-based Care**

*Make a fundamental shift in public policy to a community-based system of care instead of the institutionally-based system that currently exists.*

#### **Comments**

There is a bias in public policy and financing today, particularly with regard to Medicaid, toward institutional care for aging and disabled Americans despite the fact that studies have shown consumers prefer to live in non-institutional settings. Increased support for in-home services to keep people living in environments of their choosing is critical to changing the thinking behind the country's institutional bias for aging adults.

#### **2. Education of Healthcare Professionals and the Public**

*Provide support to better educate health care professionals and the public, particularly aging consumers and their families, about resources available for seniors. Use the news media and other avenues to create this greater public awareness. Provide incentives to encourage more healthcare professionals to be educated in the fields of gerontology and geriatrics.*

## **Comments**

Despite the proliferation of information sources such as the internet and news media outlets, there is a definite lack of understanding among aging adults and their families as to resources available to them. Often they don't even know the questions to ask. Even healthcare professionals are frequently unaware of available resources. A more comprehensive approach must be developed nationwide to discuss aging issues and create greater awareness around the needs of an aging population and how those needs can be addressed through available resources. In addition, there is a tremendous shortage of healthcare professionals trained in geriatrics and gerontology, and the training for other physicians and healthcare professionals on how to care for elderly patients is woefully inadequate.

## **3. Improved Transportation**

*Improve transportation for the nation's elderly through a number of means including:*

- *Provide training for seniors to use public transportation such as the Senior Mobility and Rider Training (SMART) program in Las Vegas*
- *Make rural senior and public transportation a national priority*
- *Lower amounts for matching grants for rural transit programs*
- *Expand funding for public transportation and paratransit services*
- *Expand funding for non-profit agencies to include mileage reimbursement and hourly stipends for volunteers using their personal vehicles to provide senior transportation*
- *Involve seniors and senior organizations in public transportation route design*

## **Comments**

Adequate transportation for the nation's seniors is vitally important to their health, independence and well-being. Many communities, especially those in rural areas, have limited resources, knowledge and experience to provide public transportation. Broader public and government awareness of the transportation needs of aging adults is essential to finding a wide range of solutions to fit the needs of seniors in specific locales. Transportation services must be senior-friendly and easily accessible.

## **4. Affordable Drugs and Medical Care**

*Develop a comprehensive approach to controlling costs, simplifying paperwork and excessively complex coverage such as the new Medicare Part D, negotiating bulk purchasing prices on medications and other tactics to reduce the cost of healthcare and provide affordable drugs to the nation's seniors. The federal government must work with the states on these issues.*

## **Comments**

The skyrocketing costs of healthcare and prescription drugs are at the forefront of the healthcare crisis faced by aging adults in America today. The increased demand for healthcare as a result of the 78 million Baby Boomers who begin turning 60 next year has created an even greater sense of urgency to provide healthcare and prescription medications that are affordable.

## **Northern Nevada Forum – Top 4 Recommended Solutions**

### **1. Medicare Reform**

*Reform Medicare to better serve America's aging population by:*

- *Including additional coverage for chronic care, disease prevention and management, and wellness programs*
- *Rejecting privatization*
- *Expanding end of life benefits*
- *Negotiating with drug companies for more affordable prescription drugs*
- *Providing reimbursement for reviewing and managing medications for community residents through certified geriatric pharmacists and nurse care management*

## **Comments**

Medicare has served as a safety net for millions of seniors and people with disabilities by providing coverage for quality healthcare since its creation in 1965. It should be strengthened, not weakened, and therefore not privatized. Insurance companies have understood for some time that providing wellness training and managing chronic health issues through disease prevention and management programs ultimately decreases healthcare costs. Medicare should place greater emphasis on covering this type of care, in addition to expanding end of life benefits and the management of medications.

### **2. Save Social Security**

*Tax higher incomes and improve the stability of Social Security by increasing, or removing, the monetary cap on wages subject to payroll tax and developing incentives to access benefits at an older age.*

## **Comments**

Because two-thirds of older Americans use Social Security as their primary source of income and one-third rely on it as essentially their only source of income, saving Social Security is a nationwide priority and Nevadans share that concern.

### **3. Senior Centers of the Future**

*Develop centers with multigenerational programs able to meet the diverse needs and interests of a wide range of seniors in a community, increase funding for rural centers with emphasis on wellness and prevention programming, and develop center volunteer programs.*

#### **Comments**

Senior centers of the future need to change the way they operate and consider becoming a “Community Center” instead of a “Senior Center,” since the aging population being served will be multigenerational. In rural communities the center will continue to be vital for both active and frail seniors as well as caregivers and the community in general. Senior centers should be recognized as focal points within the community. The nutrition programs need to be modernized and the criteria and methodology of community placements reassessed.

#### **4. Comprehensive Long-term Care**

*Develop a comprehensive long-term care policy that enhances programs such as Medicare and integrates local, state and other federal programs.*

#### **Comments**

Long-term care in this country is in disarray. The focus should be on “long-term living” instead of “long-term care” by providing more in-home and community-based services. There are many ways this issue can be addressed including tax deductions for premiums for long-term care policies, incentives to employers who provide long-term care insurance options for employees, financial relief for family caregivers, respite care programs, etc. Integration of these programs throughout all levels of government is vital.

#### **Nevada Program Models That May be Replicated Throughout the Country**

- **Medication Management Program** – Uses the services of Certified Geriatric Pharmacists for medication reviews and trains healthcare providers on the specifics of inappropriate prescribing of prescription and over-the-counter drugs to seniors. A multi-year medication management study has been completed by the Sanford Center for Aging at the University of Nevada, Reno, which has clearly demonstrated the need for this type of service.
- **Immersion Program to Encourage Careers in Gerontology and Geriatrics** – Links medical residents and students in high school, college, or medical school with community-based senior living and long-term care providers/facilities to foster interpersonal learning with an emphasis on maximizing independent living and lowest cost settings for seniors. Utilizes internships that provide live-in opportunities for medical students or residents in senior living and long-term care facilities, externships that provide real-life research opportunities between seniors and students or medical residents, and develops incentives such as scholarships and research grants to provide stipends to students who participate.

- **Senior Adult Theatre Program** – Because Las Vegas is one of the leading retirement locations in the country, the University of Nevada, Las Vegas, has created a highly successful program to bring together older adults from all walks of life who are looking for new friends to share their interest in theatre and performance. The theatre program is an excellent tool for reducing senior isolation from society in general, isolation from people with mutually-shared interests, and isolation from mental activity and stimuli.
- **Silver Sky Affordable Assisted Living for Seniors** – A unique public/private partnership to create a model assisted living facility under development in the Las Vegas area that is both affordable and nonprofit. It is the first project in the United States to use federal Bureau of Land Management land for assisted living housing. A complex of 84 one-bedroom and six two-bedroom accessible and adaptable apartments, it is adjacent to an 80-unit development for independent elderly which creates a continuum of care campus. The project is being developed through a variety of creative funding methods which blend both a large private donation and public monies from government at the local, state and federal level.
- **SAFE (Special Advocates for Elders)** – Recruits and trains volunteer advocates for elders in Northern Nevada who are assigned by the Washoe County Family Court judges. These elders have public or private guardians and the court has questions as to the individual ward's needs being met. The SAFE volunteer reports back to the court for more informed decision making. The program improves the quality of life of these elder wards.
- **HELPING HANDS** – Recruits, trains and manages adult volunteers in neighborhood regions to provide support to caregivers or older persons living alone. These volunteers provide services to help frail elders to stay in their own homes, such as transportation, respite services, and grocery shopping.

